

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023657

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 72

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1600.3

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Liberty</b>		Length of stay in 1b <b>1 year</b>	c. CITY OR TOWN <b>Liberty</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>628 E. Mill</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>628 East Mill</b>
3. NAME OF DECEASED (Type or print) First <b>OLIN</b> Middle <b>NELSON</b> Last <b>NELSON</b>		4. DATE OF DEATH Month <b>June</b> Day <b>26</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-1-1909</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hwy. Maintenance</b>	9. AGE (last birthday) <b>54</b>
11. BIRTHPLACE (City and state or country) <b>Princeton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Ffank Nelson</b>		13b. MOTHER'S MAIDEN NAME <b>Ollie Cross</b>	
14. NAME OF HUSBAND OR WIFE <b>Margaret Irene Torrey</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>no</b>	
16. SOCIAL SECURITY NO. <b>91</b>		17. INFORMANT <b>Victor O. Nelson, Princeton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MULTIPLE INTERNAL INJURIES &amp; HEMORRHAGE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>GUNSHOT WOUND</b> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>IMMEDIATE</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>GUNSHOT WOUND</b>	
20c. TIME OF INJURY Hour <b>2 AM</b> a.m. <b>6:04 AM</b> p.m. <b>26 JUNE 1963</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		20f. CITY, TOWN, OR LOCATION <b>LIBERTY</b>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____		22a. SIGNATURE (Degree or title) <b>Donald L. Seneker, Acting Coroner</b>	
22b. ADDRESS <b>Post Office - Court House Liberty Mo. 6-26-63</b>		22c. DATE SIGNED <b>6-26-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-28-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Princeton, Missouri</b>		24. FUNERAL DIRECTOR <b>Pasley Funeral Home, Liberty, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>6-28-63</b>		26. REGISTRAR'S SIGNATURE <b>Mabel Graham</b>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1963

JUL 3 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Pasley

Licensed Embalmer No. 4508

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Embalmed May 22 1963